

**CITY OF NEWTON
PURCHASING DEPARTMENT**

CONTRACT FOR THE MAYOR'S OFFICE

**REQUEST FOR RESPONSE:
EMERGENCY AMBULANCE SERVICE
*RFR #12-88***

Proposal Submittal Due Date: July 3, 2012 at 10:00 a.m.

Pre Submittal Conference: June 14, 2012 at 10:00 a.m., Newton City Hall, Room 204

JUNE 2012

Setti D. Warren, Mayor

CITY OF NEWTON, MASSACHUSETTS

PURCHASING DEPARTMENT

purchasing@newtonma.gov

Fax (617) 796-1227

June 20, 2012

ADDENDUM #1

REQUEST FOR RESPONSE #12-88

EMERGENCY AMBULANCE SERVICE

THIS ADDENDUM IS TO: **Answer the following questions raised at the pre-submittal meeting of June 14, 2012 or submitted in writing by noon of June 15, 2012:**

Q1. On page 6, it states “TWO unbound originals and an additional FOUR copies”. Does it mean the originals have to have original signatures on them?

A1. Yes, the TWO unbound originals must have original signatures on them.

Q2. Item #3(c) asks about costs. Please explain what is meant by cost.

A2. The City would like to evaluate charges made directly to patients.

For a community you serve, similar in size to Newton, please provide (for each of the TWO most recent complete 12-month periods) a table of:

- **Dispatched call volumes**
- **The number of transports per year**
- **The charges to patients associated with these transports**

- **Please identify the community you are referring to.**

Q3. Item #14 asks about revenues. Can you be specific?

A3. Would the company awarded the ambulance contract agree or not agree to pay the City any fees such as dispatch fees, rental fees, or first responder fees?

Q4. Will the City consider any ambulance company that does not meet the minimum criteria outlined on page 2 (a) through (f)?

A4. No, the City of Newton will not make any exceptions to the criteria outlined on Page #2.

All other terms and conditions of this bid remain unchanged.

PLEASE ENSURE THAT YOU ACKNOWLEDGE THIS ADDENDUM ON YOUR BID FORM.

Thank you.

Purchasing Department

CITY OF NEWTON
Purchasing Department
Request for Response
Emergency Ambulance Service Contract

Mayor Warren will consider proposals to provide the City of Newton, Massachusetts with an Emergency Ambulance Service contract for a term of three years, from January 1, 2013 to December 31, 2015, with two (2) additional one (1) year options to renew the contract at the City's discretion.

Solicitation of a contract for ambulance service is an exempt transaction from advertising and procurement requirements of MGL Ch. 30B; this is not a publicly advertised solicitation and therefore no prescribed format is required for the City to follow when soliciting this business.

The City will determine from the responses received which provider can best ensure that properly trained and certified personnel will provide timely emergency medical care to patients at the scene of their illness or injury, and then transport the patient to an appropriate treatment facility in the shortest practicable time utilizing safe and clean vehicles, and provide the most reliable, safe and effective services to those served.

Accordingly, the City will consider responses only from firms who meet all of the following criteria:

- (a) currently licensed by the Commonwealth of Massachusetts to operate an ambulance service providing services at the Paramedic Level pursuant to 105 CMR 170.295 (B).
- (b) currently holding at least two municipal contracts to provide ALS and BLS emergency response in OEMS Regions III, IV or V.
- (c) minimum of three (3) years of experience servicing a community in Massachusetts similar in size to Newton.
- (d) minimum of five (5) years corporate experience in the operation of an ambulance service without any license suspension, revocation, or refusal to renew by the Commonwealth of Massachusetts.
- (e) minimum of two (2) years corporate experience without any bankruptcy proceedings or filings.
- (f) minimum of two (2) positive references from municipalities with which you currently hold contracts.

Please note the City's current Emergency Ambulance provider is being invited to submit a response to this RFR. The current Contract expires December 31, 2012.

Each party is being provided with a copy of the present contract for Emergency Ambulance Service in Newton (please reference Attachment A). The City expects **ALL** levels of service, and the terms and conditions in the present Contract, to be duplicated in the new Contract, as minimum requirements for service, with the modifications noted herein. The City of Newton does not pay a subsidy for Emergency Ambulance Service under the current contract.

The City anticipates requiring a meeting with selected respondents to clarify items in their response to this RFR. The City reserves the right to schedule additional information exchanges if necessary.

The goal of the City presently is that the Mayor would award a new Emergency Ambulance Service Contract by October 1, 2012, for service to begin on January 1, 2013.

Questions and final response materials are to be sent to:

Maureen Lemieux, Interim Chief Procurement Officer
City of Newton
1000 Commonwealth Avenue
Newton, MA 02459
Phone: 617-796-1220
purchasing@newtonma.gov

Kindly have response materials delivered to the above by **10:00 a.m., July 3, 2012**. Mark the outside of the envelope as follows: RFR #12-88 Emergency Ambulance Service.

During this solicitation, the Interim Chief Procurement Officer, Maureen Lemieux, shall be the single point of contact for the City, and for each respondent, a person they shall each designate; communication between parties other than the Interim Chief Procurement Officer and the person designated by any respondent, shall have no bearing on the deliberations of the City during this process. All response materials received will be held as confidential by the Interim Chief Procurement Officer and distributed only to designated City reviewers.

Time Line:

RFR Release Date:	June 5, 2012 at 10:00 a.m.
Pre Submittal Conference:	June 14, 2012 at 10:00 a.m., Newton City Hall, Room 204
Questions Submitted:	June 15, 2012 at 12:00 p.m.
Questions Answered:	June 21, 2012 at 12:00 p.m.
RFR Due Date:	July 3, 2012 at 10:00 a.m.

Service Requirements:

The City of Newton encompasses approximately 30,000 residential housing units, and 3,600 business enterprises, some of whom are major employers, and some who attract many visitors here daily. Newton is during the year.

Demographic information also indicates Newton's elder population is a larger percentage of total residents than most other communities in our area. In addition, Newton is now home to four assisted living facilities. We estimate call volume will be in the range of 6,700 provider runs annually. Ambulance run counts from the current provider were verified as a generally accurate record by Newton's Fire Chief and Chief of Police. Please note that our estimate represents runs to be dispatched by the provider, (NOT actual transports to hospital), and that calls for service from Newton now include "E911" landline calls to the City PSAP, priority level calls made to the ambulance provider directly, calls to "business" lines at Newton Police and Fire transferred to the Provider, and a growing number of emergency calls placed from cellular phones.

Responding to this Request for Response:

Your response to this RFR is expected to address each of the following, as it pertains to your plan of service for Emergency Ambulance Service in the City of Newton, and shall contain information concerning your firm's provision of service under similar municipal contracts elsewhere in Massachusetts:

1. Include a transmittal letter cover page, with contact information for one individual in the company who will be designated to represent the firm concerning this solicitation.
2. Provide a narrative of not more than ten pages in length, describing changes proposed to levels of service or contract conditions under a new Emergency Ambulance Service Contract for Newton, as enhancements **above and beyond** current Contract requirements. In particular, discuss in detail the following:
 - a. whether your firm will provide two [2] 24-hour ALS ambulances available 24 hours a day, and two [2] BLS units to run 12 hour shifts between 8 AM to 8 PM and 12 noon to midnight.
 - b. demonstrate how back up will be provided when the need for additional units becomes necessary. Address where available primary and secondary back-up assets are located, as well as any agreements with private vendors to provide back-up service. Outline a detailed plan how back-up for all sectors of the City will be carried out. It is desirable to the City to have backup units housed in a facility located within the borders of the City of Newton.
 - c. ability to implement Newton's service zone plan which is attached hereto as Attachment B.

In responding to this RFR, please discuss how you have performed your contractual obligations in municipalities similar in size to Newton.

On additional pages, please address or answer the following:

3. List all your current municipal emergency ambulance contracts in Massachusetts ONLY. Provide for each municipal contract the following information:
 - a. term of current contract award to maximum option date, with dates of service if such work was provided in the same community under any previous contract/s;
 - b. contact information for the person in the city/town who most regularly supervises work in that municipality and is most familiar with your current operations there;
 - c. dispatched call volumes and associated costs for each of the TWO most recent complete 12-month periods (call numbers as dispatched, which will be larger than actual transports to hospitals). In addition, please provide a table of the number of runs per year and costs for a community you serve similar in size to Newton;
 - d. summarize types of insurance coverages and coverage limits furnished to the municipality under other Massachusetts municipal service contract/s.
4. For emergency calls made during the period 1/1/2011 to 12/31/2011 provide the name of the Emergency service location, in a Massachusetts OEMS Region III, IV, or V hospital, which accepted the greatest number of ALS patients transported by your company during that period. DO NOT include inter-hospital transfer work or nursing home transfer calls in giving this response.

5. Do you have GPS/AVL tracking capability for your vehicles in the field? Explain the GPS system(s) used presently in service to any municipalities, and how it/they could be coordinated with Newton's current dispatch system.

6. The City will expect the selected provider to assign one individual of significant operational experience, decision-making and supervisory capacity in the firm, who will be conveniently available and responsive on a daily basis as the "primary representative" assigned to the City of Newton Emergency Service contract. This individual would be responsible for general operational oversight of the service, liaison with City administration, public safety agencies and Emergency Management personnel, attendance at oversight committee meetings, emergency preparedness drills, review of billing matters, general problem resolution and other matters relating to daily performance of the Provider. This individual will be expected to work closely with Fire, Police, School, and Health Department staff on a day-to-day basis as situations arise.

Designate the name of such field supervisor-in-chief in your response materials, whom you agree to commit to assign to the Newton contract, and provide a resume. Be prepared for this individual to be available and actively participate during Newton's solicitation process.

7. The City will require the selected provider to maintain its ability to communicate with the City's 911 Dispatch Center by telephone and two-way radio, both at its principal place of business and the site where its vehicles are garaged in the City. The selected provider must maintain two-way radios in the ambulance so as to be able to communicate with the City's 911 Dispatch Center, Fire and Police personnel, as well as C-Med at all times. While vehicles shall be so equipped with two-way radio communications as mentioned above in fixed mobile units, additionally each unit shall be equipped with two (2) portable radios and at least one cellphone to communicate with the 911 Dispatch Center when the personnel are not in the vehicle. In addition, all backup units shall be equipped with some means of communicating with the City's 911 Dispatch Center. The selected provider shall make necessary arrangements for a direct telephone to be installed at the provider's expense between the City's 911 Dispatch Center and the providers Dispatcher. It shall be the responsibility of the selected provider to take any steps and procedures necessary to ensure optimum speed and efficiency in response between its personnel and equipment in the coordination of information/dispatches with the City's 911 Dispatch Center.

8. Indicate your ability to provide the following additional services to the City:

- a. Transport to area hospitals without charge to the patient or the City, any employee of the City injured within the City in the course of employment.
- b. Provision of a non-dedicated ambulance for all City-sponsored functions, such as the Fourth of July celebration and other special events, as requested, and also for the Boston Athletic Association-sponsored Boston Marathon.
- c. Provide at no cost to the City or the individuals receiving training:
 - (1) EMS Training for Fire, Police, and 911 Dispatchers, including EMT classes, First Responder Training, and CPR/AED certification and recertification, as requested.
 - (2) A minimum of twelve (12) seats per calendar year for the EMT training class, which shall be made available to the Newton Fire and Police Departments.
 - (3) Training of designated City personnel in CPR/AED upon request including but not limited to certification of all Newton Fire and Police personnel.

- d. Maintain all existing defibrillator equipment owned or operated by the City and replace all used or expired electrode pads, and batteries. The provider shall also perform bi-annual inspections of all AEDs in the City.
 - e. Resupply any and all medical equipment used in the field, e.g. EpiPens®.
 - f. Attend all relevant meetings (e.g. emergency preparedness training sessions, tabletop exercises, drills, etc.) as requested.
9. Please provide your current and proposed rate structure.
10. List any new technologies and/or equipment that will be available to the City. It is desirable that the provider maintain a detailed knowledge of new technologies and/or equipment that would or could enhance the services provided to the City.
11. Explain your current Quality Assurance Program, including skills review and competency exams for current personnel.
12. Describe the metric(s) used to evaluate your ambulance run reports, i.e. delayed response, AED usage and unusual events, in the communities you presently serve. It is desirable that provider submit reports daily to the Fire Chief, and monthly to the EMS Committee.
13. Will you agree to enter into discussions and possible implementation of in-house BLS and ALS service with the Fire Department? Have you had experience with this type of partnership in other communities? If yes, please explain.
14. Indicate whether you will provide the City with any revenue or fees (e.g. dispatch fees, rental fees, and first responder fees).
15. Discuss the qualifications and level of training for your firm's BLS and ALS ambulance personnel. The City will require the successful proposer to comply with all applicable federal, state and local laws and regulations, and demonstrate their familiarity with all laws, regulations or ordinances that may be applicable, and shall ensure that all their employees continue to maintain such familiarity and compliance.

Responses due no later than **10:00 a.m., July 3, 2012.**

Kindly have response materials delivered to:

Purchasing Department
Newton City Hall, 2nd Floor Room 204
1000 Commonwealth Avenue
Newton, MA 02459

and submitted as **TWO unbound originals and an additional FOUR copies**, all of which may be bound.

PLEASE MARK ENVELOPES as follows:

“RFR # 12-88 Emergency Ambulance Service

CITY OF NEWTON

BIDDER'S QUALIFICATIONS AND REFERENCES FORM

All questions must be answered, and the data given must be clear and comprehensive. Please type or print legibly. If necessary, add additional sheet for starred items. This information will be utilized by the City of Newton for purposes of determining bidder responsiveness and responsibility with regard to the requirements and specifications of the Contract.

1. FIRM NAME: _____
2. WHEN ORGANIZED: _____
3. INCORPORATED? _____ YES _____ NO DATE AND STATE OF INCORPORATION: _____
4. IS YOUR BUSINESS A **MBE**? _____ YES _____ NO **WBE**? _____ YES _____ NO or **MWBE**? _____ YES _____ NO
- * 5. LIST ALL CONTRACTS CURRENTLY ON HAND, SHOWING CONTRACT AMOUNT AND ANTICIPATED DATE OF COMPLETION:

- * 6. HAVE YOU EVER FAILED TO COMPLETE A CONTRACT AWARDED TO YOU?
_____ YES _____ NO
IF YES, WHERE AND WHY?

- * 7. HAVE YOU EVER DEFAULTED ON A CONTRACT? _____ YES _____ NO
IF YES, PROVIDE DETAILS.

- * 8. LIST YOUR VEHICLES/EQUIPMENT AVAILABLE FOR THIS CONTRACT:

- * 9. IN THE SPACES FOLLOWING, PROVIDE INFORMATION REGARDING CONTRACTS COMPLETED BY YOUR FIRM SIMILAR IN NATURE TO THE PROJECT BEING BID. A MINIMUM OF FOUR (4) CONTRACTS SHALL BE LISTED. PUBLICLY BID CONTRACTS ARE PREFERRED, BUT NOT MANDATORY.

PROJECT NAME: _____
OWNER: _____
CITY/STATE: _____

DOLLAR AMOUNT: \$ _____ DATE COMPLETED: _____
PUBLICLY BID? _____ YES _____ NO
TYPE OF WORK?: _____
CONTACT PERSON: _____ TELEPHONE #: (____) _____
CONTACT PERSON'S RELATION TO PROJECT?: _____
(i.e., contract manager, purchasing agent, etc.)

PROJECT NAME: _____
OWNER: _____
CITY/STATE: _____
DOLLAR AMOUNT: \$ _____ DATE COMPLETED: _____
PUBLICLY BID? _____ YES _____ NO
TYPE OF WORK?: _____
CONTACT PERSON: _____ TELEPHONE #: (____) _____
CONTACT PERSON'S RELATION TO PROJECT?: _____
(i.e., contract manager, purchasing agent, etc.)

PROJECT NAME: _____
OWNER: _____
CITY/STATE: _____
DOLLAR AMOUNT: \$ _____ DATE COMPLETED: _____
PUBLICLY BID? _____ YES _____ NO
TYPE OF WORK?: _____
CONTACT PERSON: _____ TELEPHONE #: (____) _____
CONTACT PERSON'S RELATION TO PROJECT?: _____
(i.e., contract manager, purchasing agent, etc.)

PROJECT NAME: _____
OWNER: _____
CITY/STATE: _____
DOLLAR AMOUNT: \$ _____ DATE COMPLETED: _____
PUBLICLY BID? _____ YES _____ NO
TYPE OF WORK?: _____
CONTACT PERSON: _____ TELEPHONE #: (____) _____
CONTACT PERSON'S RELATION TO PROJECT?: _____
(i.e., contract manager, purchasing agent, etc.)

10. The undersigned certifies that the information contained herein is complete and accurate and hereby authorizes and requests any person, firm, or corporation to furnish any information requested by the City of Newton in verification of the recitals comprising this statement of Bidder's qualifications and experience.

DATE: _____ BIDDER: _____

SIGNATURE: _____

PRINTED NAME: _____ TITLE: _____

END OF SECTION

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word “person” shall mean any natural person, business, partnership, corporation, union, committee club, or other organization, entity, or group or individuals.

(Signature of individual)

Name of Business

CERTIFICATION REGARDING LOCAL TAXES

The undersigned acting on behalf of the Contractor, certifies under the penalties of perjury that, to the best of the undersign's knowledge and belief, the Contractor has paid all local taxes, fees, assessments, betterments, or any other municipal charge, unless the Contractor has a pending abatement application or has entered into a payment agreement with the City of Newton collector-treasurer.

*Signature of Individual
or Corporate Contractor (Mandatory)

** Contractor's Social Security Number
(Voluntary) or Federal Identification Number

By: _____
Corporate Officer
(Mandatory, if applicable)

Date: _____

* Approval of a contract or other agreement will not be granted unless the applicant signs this certification clause.

** Your social security number will be furnished to the City of Newton Treasurer-Collector to determine whether you have paid all local taxes or fees to the City. Providers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed, or extended.